

**MISSOURI DEPARTMENT OF MENTAL HEALTH**

**Division of Comprehensive Psychiatric Services**

**OFFICIAL MEMORANDUM**

October 20, 2003

**TO:** All Community Providers: Chief Executive Officers's  
Chief Financial Officers's

**FROM:** Tom Rehak, Coordinator of Policy and Programs  
Division of Comprehensive Psychiatric Services

**SUBJECT:** Legacy Bridge Period and POS Billing Instructions

**Introduction**

As you know, the Department of Mental Health is required to be able to accept health care claims after October 15, 2003 in specified HIPAA formats from providers who are ready to submit HIPAA compliant 837 service transactions. In order to do so, we have developed a crosswalk of POS codes to HIPAA codes. This crosswalk is currently available on the DMH Web.

The crosswalk is a critical tool for provider agencies as they move towards readiness to send HIPAA compliant 837 service transactions to DMH. The CIMOR system is scheduled to be implemented in July 2004. The time period from October 16, 2003 until July 1, 2004 has been designated as the "Legacy Bridge Period" for DMH and its providers.

During this time period DMH will continue operating our current billing and payment systems, including the Purchase of Service system. Providers may continue, with Department approval, sending service transactions to the POS system using the same processes (online or current POS batch) and the same service codes, for a limited time period only, not to extend later than June 30, 2004.

Between October 16, 2003 and June 30, 2004, providers will begin, at a time of their own choosing, to send service transactions to the POS system using HIPAA compliant 837 transaction formats, which will require the use of the new HIPAA service codes described in the crosswalk document. By the time CIMOR is operational in July 2004, all providers must use the new HIPAA service codes and send service transactions to DMH using the required 837 format, or enter services on-line using DMH screens. For additional information on the Legacy Bridge Period, please refer to the DMH Web Site.

## **POS Billing Instructions for CPS Provider Agencies Ready to Send HIPAA Compliant 837 Service Transactions**

When your agency is ready to send HIPAA compliant 837 service transactions to the POS system, please note the following instructions relating to the billing information you will be submitting to the POS system:

1. **Client Specific Services:** Client specific services must be batched to DMH on the 837 service transactions using the new HIPAA service codes. Please refer to the attached crosswalk to determine which HIPAA service codes to bill. DMH will accept these batch transactions and convert the information to the POS service codes for the purposes of building the invoice and validating that the services are on your contract.

2. **Non-Client Specific Services:** Non-client specific services cannot be batched to DMH on 837 service transactions. They may either be entered into POS directly online, or sent to DMH using the old POS batch, which we will continue to accept for these types of services. Attached you will find a separate excel file identifying current non-client specific POS service codes that fit this category.

3. **Inpatient POS Services:** POS Inpatient services must be sent to DMH by entering them online. They will not be accepted in the batch format on 837 service transactions during the Legacy Bridge period. This applies even if you were previously batching this information to POS.

4. **Lab Tests:** Lab tests are currently paid for on the POS system by billing a generic lab test service code of 06300W. When you batch 837 service transactions to the POS system, you must bill Lab Tests on the 837 format using the specific CPT code for the particular test. DMH has developed a crosswalk identifying the specific lab tests we will pay for that are reasonably related to the business of delivering mental health services. The lab crosswalk is available on the DMH Web. We will add to this crosswalk as necessary.

5. **Medical Supplies:** Medical Supplies are currently paid for on the POS system by billing a generic medication service code of 83000W. When you batch 837 service transactions to the POS system, you must bill Medications on the 837 format using the specific National Drug Code (NDC). We have identified a generic HIPAA service code (99199) to use when billing medications on the 837 format, and the NDC code will be entered in another field on the transaction format. Please refer to the 837 Professional Companion Guide on the DMH Web for additional billing details.

## **POS Billing Instructions for CPS Provider Agencies Who Are Not Ready to Send HIPAA Compliant 837 Service Transactions**

There will be no change in the POS billing process for provider agencies who are not ready to send HIPAA compliant 837 service transactions on October 16. These agencies,

as mentioned above, must request permission from DMH to continue sending the current POS batch and provide a status of their progress towards sending the 837's, with projected timelines for testing and implementation. However, these agencies will see no change in their billing process to the DMH POS system until such time that they are ready to begin sending the 837 transactions. All types of services, including client specific, non-client specific, POS Inpatient, Lab Tests, and Medical Supplies, will continue to be either entered online or sent on the current POS batch using the **current** POS service codes.

By the time CIMOR becomes operational in July 2004, all current providers must either be able to send the 837 service transactions to the POS system or they must enter all services on-line into CIMOR.

### **Medicaid Billing Instructions for CPS Provider Agencies for Community Psychiatric Rehabilitation (CPR) and Targeted Case Management (TCM)**

CPS provider agencies bill the Medicaid program directly for Community Psychiatric Rehabilitation (CPR) and Targeted Case Management (TCM) services. The Missouri Medicaid program will be requiring that HIPAA compliant service codes be used effective December 1, 2003. This will be service date specific. Services delivered prior to December 1, 2003, regardless of when they are billed, must be billed using the current (old) service codes. Services delivered on or after December 1, 2003 must be billed using the new service codes listed in the Medicaid-HIPAA crosswalk. We encourage all providers to also check regularly with the DMS web site for provider bulletins relating to Medicaid billing issues.

Attached you will also find a crosswalk of all current Medicaid CPR and TCM codes to the new HIPAA codes. For several services we have already been using HIPAA compliant procedure codes (for example, Community Support-H0036 and Medication Services-90862). However, most services will have a new procedure code. While most units and rates have remained the same, please note that CPR-Psychosocial Rehabilitation will change from an hour unit of \$7.79 (W1356) to a quarter-hour unit of \$1.95 (H2017), effective for services provided on or after December 1, 2003.

If you have any questions regarding this memorandum, please contact me at 573-751-9482 (phone), 573-751-7815 (fax) , or [tom.rehak@dmh.mo.gov](mailto:tom.rehak@dmh.mo.gov) (email). Thank you for your prompt attention to this matter.

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